Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-754-817

| CLAIMS AS FILED - PART I                       |  |   |                 |                                   |              |                  | S     | SMALL ENTITY      |                        |               | OTHER THAN          |                        |  |
|--|--|---|-----------------|-----------------------------------|--------------|------------------|-------|-------------------|------------------------|---------------|---------------------|------------------------|--|
| r  |  |   | (Column 1)      |                                   | (Colu        | (Column 2)       |       | TYPE              |                        | OR            |                     |                        |  |
| TOTAL CLAIMS                                   |  |   | 10              |                                   |              | ,                | lſ    | RATE              | FEE                    | 7             | RATE                | FEE:                   |  |
| FOR  |  |   | NUMBER FILED    |                                   | NUMBER EXTRA |                  |       | BASIC FEE         | 385.00                 | OR            | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 1 minus 20=     |                                   | * 10         |                  |       | X\$ 9=            |                        | OR            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                             |  |   | 2 minus 3 =     |                                   | * 0          |                  |       | X43=              |                        | OR            | X86=                |                        |  |
| ML   | JLTIPLE DEPEI                                  | NDENT CLAIM P                             | RESENT          |                                   |              |                  |       | +145=             |                        | OR            | +290=               | 290                    |  |
| *  1   | the difference                                 | e in column 1 is                          | ero, enter      | "0" in c                          | column 2     | L                | TOTAL |                   | OR                     | TOTAL         | 1060                |                        |  |
| CLAIMS AS AMENDED - PART II                    |  |   |                 |                                   |              |                  |       |                   |                        | -             | OTHER               | THAN                   |  |
|  |  | (Column 1)                                | 4               | (Colun                            |              | (Column 3)       | _     | SMALL             | ENTITY                 | OR            | SMALL               | ENTITY                 |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                                |              | =                |       | X\$ 9=            |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                               | CLAIM        | =                |       | X43=              |                        | OR            | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                 |                                   |              |                  |       | +145=             |                        | OR            | +290=               |                        |  |
|  |  |   |                 |                                   |              |                  |       | TOTAL             |                        | OR            | TOTAL<br>ADDIT. FEE |                        |  |
| ADDIT. F<br>(Column 1) (Column 2) (Column 3)   |  |   |                 |                                   |              |                  |       |                   |                        |               | ADDIT. FEE          |                        |  |
|  |  | CLAIMS                                    |                 | HIGHE                             | EST          | (Column of       | lr    |                   | ADDI-                  | ŀ [           | 1                   | ADDI-                  |  |
| AMENDMENT B                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |       | RATE              | TIONAL                 |               | RATE                | TIONAL                 |  |
|  | Total  | *   | Minus           | **                                | `.<br>       | =                |       | X\$ 9=            |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                               | ·            | =                |       | X43=              |                        | OR            | X86=                |                        |  |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                   |              |                  |       | i                 |                        | 0.1           |                     |                        |  |
|  |  |   |                 |                                   |              |                  |       | +145=             |                        | OR            | +290=               | •                      |  |
|  |  |   |                 |                                   |              |                  |       | TOTAL<br>DIT. FEE |                        | OR ,          | TOTAL<br>ADDIT, FEE |                        |  |
|  |  |   |                 |                                   | •            |                  |       |                   |                        |               |                     |                        |  |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE | . [           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                                |              | = .              |       | X\$ 9=            |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus           | ***                               |              | =                |       | X43=              |                        | OR            | X86=                |                        |  |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                   |              |                  |       |                   |                        | <sup>OR</sup> |                     |                        |  |
|  |  |   |                 |                                   |              |                  |       | 145=              |                        | OR            | +290=               |                        |  |
| **   | f the "Highest Nur                             | nn 1 is less than the mber Previously Pa  | id For" IN THIS | S SPACE is                        | less than    | 20, enter "20."  | ΔDI   | TOTAL<br>DIT. FEE |                        | OR 🛦          | TOTAL<br>DDIT. FEE  |                        |  |
| ***  | f the "Highest Nur                             | mber Previously Pa<br>ber Previously Paid | id For" IN THIS | S SPACE is                        | less than    | 3, enter "3."    |       |                   | opriate box            |               |                     |                        |  |
|  |  | •   | -               | •                                 | • 1          | -                |       |                   | •                      |               |                     |                        |  |